

**Claims Reporting**  
***Accident/Accidental Death/Accidental Dismemberment***  
***October 8, 2003***

***Note:*** Written notice of claim must be given to the insurance carrier within 20 days after the volunteer's injury, or as soon thereafter as is reasonably possible. Written proof of loss must be furnished to the insurance carrier within 90 days after the date of loss. ***Therefore, timely reporting of claims is very important. The process below outlines the steps that must be taken:***

1. Each injured volunteer should contact his/her respective campus insurance representative immediately. Each campus representative will provide Marjie Adams or Jennie Younkin at the Risk Management & Tort Defense Division (RMTD), Department of Administration with written notice of volunteer injury. Marjie may be reached at (406)444-2422, [madams@state.mt.us](mailto:madams@state.mt.us) Jennie may be reached at (406)444-7996, [jyounkin@state.mt.us](mailto:jyounkin@state.mt.us) . Our address is P.O. Box 200124, Helena, Montana 59620-0124. RMTD staff will notify broker/insurance carrier of volunteer intent to file claim.
2. The campus representative will provide the injured volunteer with appropriate claims form (i.e. see attachments for special risk accident and sickness, accidental death, and accidental dismemberment claims forms). Volunteers are to complete only those sections of each form that apply and return the form promptly to the campus representative. The campus representative will complete those sections of the attached claim form entitled 'policyholder' or 'employer.'
3. The volunteer must provide completed, signed claims forms (attached)to their campus representative. (i.e. medical bills, other documentation, etc.) as soon as possible. Claims not reported within 20 days or a reasonable period of time thereafter, may not be covered. The campus representative will send all forms, bills, and documentation to RMTD within 7 days of date the injury is reported, or as soon as is reasonably possible.
4. RMTD claims staff will coordinate the filing of claim with the broker/insurance carrer. RMTD claims staff will keep a copy of each claim by campus.
5. Each volunteer is responsible to pay the \$250.00 deductible. Questions regarding payment of the claims should be referred to the insurance carrier at the address below:

AIG Claims Services  
A&H Claims Department  
P.O. Box 15701  
Wilmington, DE 19850-5701